



Gymflesh School™ Intern Opportunity Program Application

Intern Ops Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Status: Full-Time Part-Time

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If so, when? _____
Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

Submit official school, college, or university transcripts with this application. Copies of diplomas, degrees, or certificates are not permissible. Certificates require an official letter from the certifying organization with an official copy of the certificate.

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ()

Address: _____

CONTINUED ON REVERSE SIDE

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Application to Gymflesh School™ does not assure entry to the program, nor does it guarantee employment. If this application leads to an internship and possible employment, I understand that false or misleading information in my application or interview may result in my release. Gymflesh Corporation performs reference and background checks on all applicants as permitted by law.

Signature: _____ Date: _____

* **PERSONAL ESSAY REQUIRED:** Please attach a separate piece of paper explaining additional education and experience you may have, and tell us about your interest in the Gymflesh School™ Intern Ops program, and any other comments for our review.

Make your nonrefundable application fee of \$50.00 payable by check or money order to: Gymflesh Corporation
Mail this completed application with your check and all documents to: Gymflesh School™ Intern Ops
POB 475
Tappan, NY 10983-0475